

Nomination Form for Triumph Award for 2011

Section 1: a) Personal Information of the nominee (Fill in this section if you are nominating an individual. Fill in Section 2 if you are nominating a group or organization).

Full Name of the Nominee (First, last) _____ Submission Date____/____/____

Date of Birth____/____/____ Gender_____

Marital Status_____

Present Occupation_____ Company_____

Address_____ City_____ Governorate_____

Country_____

Telephone Number_____ Email Address_____

Your relationship to the nominee (e.g. family member/advocate for the nominee/ member of the community).

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b) Selection Criteria

In 500 words or less, please provide the following:

- A brief and clear description of the nominee's accomplishments as it relates to the challenges faced.
- Why the person(s) is an exceptional nominee.
- How the nominee's triumph has affected the nominee's life or has impacted the lives of other people with disabilities in Iraqi society.

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Section 2: a) Details of Nominated Group/ Organization (Fill in this section if you are nominating a group or organization. Fill in Section 1 if you are nominating an individual):

Group/Organization Name.....

Name of group/organization representative.....

Group/ Organization representative Telephone number:.....

Address_____ City_____ Governorate_____

Country_____

Email Address_____

Your relationship to the nominee (e.g. an employee /associate/ member of the community)
_____.

b) Selection Criteria

In 500 words or less, please provide the following:

- Brief and clear description of the group/organization project's objectives and the group /organization's accomplishments as it relates to the challenges faced.

- Why the group/organization is an exceptional nominee.
- How the triumph of this group has affected the lives of people with disabilities and enhances their inclusion in Iraqi society.

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Section 3: Declaration

I,.....have read, understand and agree to abide by the conditions set out in the Triumph Award for 2011 guidelines.

Signature of the nominator.....

Name (Please Print).....

Date.....

Phone Number (during business hours).....

Email.....

When this form is complete, please email the form as an attachment to
Iraqdisabilityrights@state.gov

It must be received no later than 11:59pm on November 2, 2011.